


Please type a plus sign (+) inside this box → +

PTO/SB/122 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| CHANGE OF CORRESPONDENCE ADDRESS Application | | Application Number | | 10/695,949 | |
|--|--|---|-------|------------------|-----------|
| Address to: Commissioner of Patents P.O. Box 1450 Alexandria, VA 22314-1450 | | Filing Date | | October 30, 2003 | |
| | | First Named Inventor | | Steve CRANE | |
| | | Group Art Unit | | 1722 | |
| | | Examiner Name | | Not Yet Assigned | |
| | | Attorney Docket Number | | 7370/80860 | |
| | | Confirmation No. 6252 | | | |
| Please change the Correspondence Address for the above-identified application to: | | | | | |
| <input type="checkbox"/> Customer Number | | <div>42798</div> <div>Type Customer Number here</div> | | | |
| OR | | | | | |
| <input checked="" type="checkbox"/> Firm or Individual Name | | FITCH, EVEN, TABIN & FLANNERY | | | |
| Address | | P.O. Box 65973 | | | |
| Address | | | | | |
| City | | Washington | State | DC | ZIP 20035 |
| Country | | USA | | | |
| Telephone | | 202-419-7000 | Fax | 202-419-7007 | |
| <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p> | | | | | |
| Typed or Printed Name | | Kendrew H. Colton, Reg. No. 30,368 | | | |
| Signature | |  | | | |
| Date | | July 29, 2005 | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | |
| <input type="checkbox"/> *Total of 1 form is submitted. | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DC NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.